

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Title: Insurance Standards Bulletin Series – INFORMATION

Subject: Form and Manner of Notices When Discontinuing or Renewing a Product in the Group or Individual Market

I. Purpose

This bulletin provides guidance on the form and manner of the notices that are required to be provided when a health insurance issuer discontinues or renews a product in accordance with 45 CFR §§ 146.152, 147.106, and 148.122. This guidance applies to issuers offering grandfathered and non-grandfathered health insurance coverage in the group or individual market, through or outside of an Exchange (also referred to as a Health Insurance Marketplace or Marketplace).

II. Background

The guaranteed renewability provisions of title XXVII of the Public Health Service Act (PHS Act), as added by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Affordable Care Act,¹ generally provide that, if a health insurance issuer offers health insurance coverage in the group or individual market, including qualified health plans (QHPs),² the issuer must renew or continue in force such coverage at the option of the plan sponsor or the individual, as applicable.³

¹ In this document, the “Affordable Care Act” refers to the Patient Protection and Affordable Care Act, P.L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, P.L. No. 111-152.

² When referring to health insurance coverage and QHPs in this context, we are not referring to stand-alone dental plans, which are excepted benefits and therefore not subject to the guaranteed renewability requirements.

³ See PHS Act section 2703 (non-grandfathered health plans in the group and individual markets), as added by the Affordable Care Act, and PHS Act sections 2712 (grandfathered health plans in the group market) and 2742

One exception to the guaranteed renewability requirement permits an issuer to cease offering a particular product in a market within a State and to discontinue existing blocks of business with respect to that product (product discontinuance). This may be done, in accordance with applicable State law, as long as certain requirements are met.

Another provision permits an issuer, only at the time of coverage renewal, to modify the health insurance coverage for a product offered to a group health plan or an individual (uniform modification of coverage). With respect to coverage in the individual and small group markets, the modification must be consistent with State law and effective uniformly for all group health plans or individuals with that product.⁴

Under 45 CFR §§ 146.152, 147.106, 148.122, an issuer that discontinues or renews a particular product (as defined in §144.103) in the group or individual market (including a renewal with modifications) must provide written notice of such discontinuation or renewal in a form and manner specified by the Secretary of Health and Human Services (the Secretary).⁵ Additionally, under 45 CFR § 156.1255, a health insurance issuer in the individual market that is renewing an enrollment group's coverage in a QHP offered through the Marketplace (including a renewal with modifications), or that is non-renewing coverage based on a discontinuance of the product or unavailability of the product based on the product's service area no longer including the enrollee's location, and, consistent with State law, automatically enrolling an enrollee in a QHP under a different product offered by the same QHP issuer through the Marketplace, must include certain information in the applicable renewal and discontinuance notices.⁶

The Centers for Medicare & Medicaid Services (CMS) is issuing this bulletin to provide guidance on the form and manner of the notices specified by the Secretary that issuers generally must use to satisfy the notice requirements related to product discontinuations, nonrenewals based on a product's service area no longer including the enrollee's location, and renewals. This is the third bulletin CMS has issued on this topic. CMS released previous bulletins on March 14,

(grandfathered health plans in the individual market), as codified by HIPAA, prior to enactment of the Affordable Care Act.

⁴ On May 27, 2014, CMS published final rules specifying when a modification to a health insurance product is a uniform modification, as opposed to a product discontinuance and the introduction of a new product. Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond (79 FR 30240).

⁵ Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond, 79 FR 30240 (May 27, 2014). The requirement to provide notices of renewal applies only to issuers in the individual and small group markets. 45 CFR §§ 146.152(h), 147.106(f), and 148.122(i).

⁶ Patient Protection and Affordable Care Act; Annual Eligibility Redeterminations for Exchange Participation and Insurance Affordability Programs; Health Insurance Issuer Standards Under the Affordable Care Act, Including Standards Related to Exchanges ("Annual Eligibility Redeterminations Final Rule").

2014 and June 26, 2014, containing draft Federal standard notices for public comment.⁷ This bulletin and the accompanying notices reflect the input from the public as well as feedback received from consumer testing.

The final regulations implementing the standard notice requirements became effective on July 28, 2014. Therefore, issuers subject to the final regulations must provide notices of product discontinuations and renewals according to the timeframes discussed below. However, in order to provide reasonable time for issuers to implement the Federal standard notices, we will provide a transition period during which individual market issuers may use any form and manner otherwise permitted by applicable laws and regulations for notices required to be provided for non-calendar year renewals and discontinuations in 2014. The form and manner of the notices described in this bulletin will apply only in connection with policy years ending on or after December 31, 2014.

After the transition period, CMS will consider issuers that, through September 30, 2015, use either the final Federal standard notices in this bulletin, or the draft Federal standard notices in the June 26, 2014 bulletin, to have met the Secretary's specification under 45 CFR §§ 146.152, 147.106 and 148.122 regarding the form and manner of the required discontinuance and renewal notices. After that time, the draft Federal standard notices in the June 26, 2014 bulletin may no longer be used to satisfy this requirement. As further specified below, in cases where a State develops and requires the use of a different form consistent with this bulletin, issuers in that State will be required to use notices in the form and manner specified by the State.

III. Timing For Providing Required Notices

Notice of Product Discontinuation

For both grandfathered and non-grandfathered coverage in the large group, small group, and individual market, the statute and regulations provide that an issuer that decides to discontinue offering a particular product must provide to each plan sponsor or individual, as applicable, provided that particular product (and to all participants and beneficiaries covered under such coverage) written notice of the discontinuation at least 90 calendar days before the date the coverage will be discontinued. 45 CFR §§ 146.152(c), 147.106(c), and 148.122(d).

The purpose of the statutory requirement to provide a discontinuance notice 90 days prior to the end of coverage is to inform consumers that their current health coverage is being terminated and

⁷ Draft Notices When Discontinuing or Renewing a Product in the Group or Individual Market (March 14, 2014). Available at: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/draft-discontinuance-renewal-notices-03-14-14.pdf>. Draft Standard Notices When Discontinuing or Renewing a Product in the Small Group or Individual Market (June 26, 2014). Available at: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Bulletin-on-Renewal-and-Discontinuation-Notices.pdf>.

that they have other health coverage options. In the case of a 2014 policy issued on a calendar year basis, this means that the notice would be sent by October 3, 2014. However, in many instances, issuers will not finalize their 2015 plan offerings until closer to the start of the 2015 annual open enrollment period, which begins on November 15, 2014, particularly in the case of QHPs offered through the Federally-facilitated Marketplace. This means that, in connection with the 2015 open enrollment period, consumers potentially could receive discontinuance notices without being able to take prompt action to shop for new coverage, and issuers may not be able to suggest replacement coverage options as explicitly envisioned by these Federal standard notices. Accordingly, in connection with the open enrollment period for coverage in benefit year 2015, CMS will not take enforcement action against an issuer for failing to send a discontinuance notice related to individual market coverage at least 90 days prior to discontinuance, as long as the issuer sends the notice consistent with the timeframes applicable to renewal notices.⁸ We encourage States to provide similar flexibility to issuers. We intend to conduct rulemaking to ensure that the start of the annual open enrollment period in future years will be more closely aligned with the 90-day notice standard, such that this exercise of enforcement discretion will not be needed after this year.

We have been asked when notice that a product will be discontinued should be provided when individuals enroll in that product (e.g., during a special enrollment period) after the specified deadline for providing the discontinuation notice and before the product is discontinued. CMS will consider an issuer to satisfy the requirement to provide notice of product discontinuation if: (1) the issuer provides notice in accordance with the regulatory requirements to each individual or plan sponsor, as applicable, (and to all participants and beneficiaries covered under such coverage) who is enrolled in coverage under the product being discontinued at the time that notice must be provided; and (2) the issuer provides to individuals who enroll in the product after such time prominent notice at the time of application or enrollment that the product will be discontinued, in any form and manner permitted by applicable law and regulations.

Notice of Nonrenewal Based on Movement Outside the Service Area

Under §146.152(b)(5), §147.106(b)(5), and §148.122(c)(4), as amended by the Annual Eligibility Redeterminations Final Rule, an issuer may nonrenew coverage in a network plan under a product if there is no longer any enrollee under the plan or coverage who lives, resides, or works in the service area of the issuer (or in the area for which the issuer is authorized to do

⁸ Pursuant to 45 CFR § 156.80(d)(3)(ii), issuers in the small group market are permitted to update their single risk pool index rate and make plan-level adjustments on a quarterly basis. Issuers in the large group market are not subject to the single risk pool requirement. Because issuers of such group plans have more flexibility than issuers of individual market plans with regard to when a product may be discontinued, the enforcement policy described in this document is not applicable to group market plans.

business); provided the issuer provides notice in accordance with the requirements for product discontinuations.

When an issuer nonrenews coverage under a product as a result of changes made by the issuer to the product's service area that do not result in product discontinuances, the issuer must provide notice consistent with the timeframe for providing notices of product discontinuations. When an issuer does not make changes to the product's service area but nonrenews coverage under that product based on enrollees moving outside of the product's service area, the issuer must provide notice as soon as reasonably practicable or as otherwise required by applicable State law.

Notice of Renewal of Coverage

Except as otherwise provided below, for non-grandfathered coverage in the individual market, an issuer must provide to each individual market policyholder written notice of renewal before the first day of the next annual open enrollment period. 45 CFR §147.106(f)(1).

For grandfathered coverage in the individual market, and grandfathered and non-grandfathered coverage in the small group market, an issuer must provide to each plan sponsor or individual, as applicable, written notice of renewal at least 60 calendar days before the date of the renewal of the coverage. 45 CFR §§ 146.152(h), 147.106(f)(2), and 148.122(i).

As indicated in the June 26, 2014 bulletin, issuers offering coverage through the individual market Marketplace should not send renewal notices until their QHP issuer agreements have been signed for the applicable plan year. While some commenters were concerned about the feasibility of providing notices in this timeframe, we are maintaining this timeline to ensure individuals receive notices with accurate information about plans that have been certified as QHPs.

IV. Form and Manner of Required Notices

This section describes the form and manner of the notices specified by the Secretary for product discontinuations, nonrenewals based on a product's service area no longer including the enrollee's location, and renewals in accordance with 45 CFR §§ 146.152, 147.106, and 148.122.

Individual Market Coverage

Except in cases where a State develops and requires the use of a different form consistent with this bulletin, an issuer offering health insurance coverage in the individual market must provide notice of product discontinuations and renewals in the form of the Federal standard notices attached to this bulletin. As further discussed below, a student health insurance plan will be considered to comply with the product renewal and discontinuance notice requirements if it

notifies the institution of higher education regarding product discontinuations and renewals using any form and manner otherwise permitted by applicable laws and regulations.

The Federal standard notices contained in this bulletin, or the June 26, 2014 bulletin, cannot be modified in any way, except where fields for customization are identified in brackets. Nothing, however, prevents an issuer from providing additional information regarding renewals or discontinuations of coverage (such as a cover letter, summary of benefits and coverage (SBC), or other description of benefits) in the same mailing as these Federal standard notices, to the extent permitted by State law. Furthermore, nothing prevents an issuer from including a company logo, signature line, or short legal footer in the Federal standard notices, as long as the form of the notices is not otherwise modified, except where permitted.

The following is considered by CMS to be the essential content contained in the form of the Federal standard renewal notices attached to this bulletin:

- Information about premiums and any advance payments of the premium tax credit (APTC) for the plan in which the enrollee will be renewed in the next plan or policy year;
- Information about significant changes to the enrollee's coverage;
- Information about other health coverage options;
- Contact information for the consumer to call with questions; and
- For QHPs, content described in 45 CFR §156.1255.

The following is considered by CMS to be the essential content contained in form of the Federal standard discontinuation notices attached to this bulletin:

- A statement that the coverage is being discontinued;
- If the individual is being auto-enrolled into another product, information about changes in the individual's benefits arising out of the change from the old product to the new product;
- Information about other health coverage options;
- Contact information for the consumer to call with questions; and
- For QHPs, content described in 45 CFR §156.1255.

States that are enforcing the Affordable Care Act⁹ may, without obtaining further approval from CMS, develop their own standard notices for product discontinuations, renewals of coverage, or both, provided the State-developed notices are at least as protective as the Federal standard notices. In cases where a State develops State-specific standard notices, the State will determine whether individual market issuers: (1) must provide notices in the form of the State standard

⁹ Currently, Alabama, Missouri, Oklahoma, Texas, and Wyoming have informed HHS that they are not enforcing the Affordable Care Act in their jurisdictions. These are considered "non-enforcing" States. All other States are currently considered by HHS to be enforcing the Affordable Care Act.

notices; or (2) may provide notices in the form of either the State standard notices or the Federal standard notice.

The following factors will be considered to determine whether a State-developed form of the notices is at least as protective as the Federal standard notices:

- The notice clearly explains the options for the employer or individual for obtaining or renewing health insurance coverage both through and outside of the Marketplace;
- The notice is written in a clearly understandable manner; and
- The notice contains all of the information outlined earlier in this bulletin.

Health insurance issuers in non-enforcing States, and issuers in enforcing States that decline to develop their own forms of notices must use the applicable Federal standard notices.

Under 45 CFR §156.1255, a health insurance issuer in the individual market that is renewing an enrollment group's coverage in a QHP offered through the Marketplace (including a renewal with modifications), or that is discontinuing a product that includes plans offered through the Marketplace and, consistent with State law, automatically enrolling an enrollee in a QHP under a different product offered by the same QHP issuer through the Marketplace, must include certain information in the applicable renewal and discontinuance notices. This includes “[p]remium and advance payment of the premium tax credit information sufficient to notify the enrollment group of its expected monthly premium payment under the renewed coverage, in a form and manner specified by the [Marketplace], provided that if the [Marketplace] does not provide this information to enrollees and does not require issuers to provide this information to enrollees, consistent with [§156.1255], such information must be provided in a form and manner specified by HHS.” For the Federally-facilitated Marketplace and any State-based Marketplace that does not provide such information to enrollees or does not require issuers to provide such information to enrollees, we expect this information to include the following:

- The monthly premium for the enrollment group in 2015;
- The most recent monthly amount of any APTC paid for the enrollment group in 2014 (if applicable); and
- For any enrollment group for which APTC is being provided, the difference between the total monthly premium for the renewed or uniformly modified plan in 2015 and the most recent monthly amount of the APTC paid for the enrollment group in 2014 which represents the enrollment group's share of total premium if APTC were continued at the most recent 2014 level in 2015.

Consistent with 45 CFR §§156.250 and 155.230(b), QHP issuer notices must conform to the standards in 45 CFR §155.205(c), which addresses accessibility and language access. In addition to these regulations, certain Federal civil rights laws, such as Title VI of the Civil Rights Act of

1964 and Section 504 of the Rehabilitation Act of 1973, also may apply. These Federal civil rights laws apply to entities that receive federal financial assistance, impose nondiscrimination obligations with respect to persons with disabilities, and address the communication needs of persons who have limited English proficiency.

Pursuant to 45 CFR §147.200, issuers are required to provide enrollees a summary of benefits and coverage (SBC) in several instances, including, if renewal is automatic, no later than 30 days prior to the first day of the new plan or policy year. This requirement also applies in the situation in which an issuer nonrenews or discontinues coverage under an existing health insurance product and, consistent with applicable Federal and State law, automatically enrolls an individual in a plan under a different product offered by such issuer. The SBC may be provided earlier than 30 days prior to the start of the new plan or policy year, and when possible, issuers are encouraged to provide SBCs with the discontinuation and renewal notices to allow consumers enough time to consider the coverage options available with respect to the upcoming plan or policy year.

Small Group Market Coverage

We are not specifying the form and manner of the final Federal standard notices for the small group market at this time. We recognize there are important differences in the renewal process in the small group market—particularly where an employer purchases multiple products for its employees and where employee choice is offered in the Small Business Health Options Program (SHOP) Marketplaces. We will continue to consider how best to structure the form and manner of the notices that must be used to inform small employers of product discontinuations and renewals, including in the SHOP, and may issue future guidance addressing the small group market. Until the issuance of further guidance, issuers may use the draft Federal standard small group notices released in the June 26, 2014 bulletin, or any forms of the notice otherwise permitted by applicable laws and regulations. We expect issuers not using the form and manner of the draft Federal standard notices released in the June 26, 2014 bulletin to include the relevant content described above, as applicable.

Large Group Market Coverage

As stated in the June 26, 2014 bulletin, issuers of grandfathered and non-grandfathered products in the large group market may use any form and manner otherwise permitted by applicable laws and regulations to notify large employers of large group product discontinuances. The requirement to provide notices of renewals does not apply to renewals of large group products.

Student Health Insurance Coverage

Although student health insurance coverage is defined as a type of individual health insurance coverage under Federal law, we recognize that a health insurance issuer that offers student health insurance coverage is not required to renew or continue in force coverage for individuals who are

no longer students or dependents of students. We also recognize that institutions of higher education enter into agreements with student health insurance issuers, and that the institution is in the best position to inform students about the coverage options available to them. Accordingly, we will consider a student health insurance issuer to comply with the product renewal and discontinuance notice requirements if it notifies the institution of higher education regarding product discontinuations and renewals, and we will not require issuers to notify student enrollees and their covered dependents of product discontinuations and renewals. For this purpose, student health insurance issuers may use any form and manner otherwise permitted by applicable laws and regulations. We encourage States to provide similar flexibility to student health insurance issuers.

Early Renewal and Transitional Plans

With respect to health insurance coverage that is renewed under the HHS transitional policy (both early renewal and transitional plans),¹⁰ issuers must provide renewal notices in the form of the notices specified in the March 5, 2014 guidance. These notices must be provided at least 60 calendar days before the date the coverage will be renewed, consistent with the requirements of 45 CFR §§ 146.152 and 148.122, as applicable. Health insurance issuers that discontinue coverage offered under HHS' transitional policies must provide discontinuance notices in the form and manner specified in this bulletin.

U.S. Territories

The model notices attached to this bulletin are not designed for use by issuers in the U.S. Territories, which may not have a Health Insurance Marketplace. Issuers in the U.S. Territories may use any form and manner otherwise permitted by applicable laws and regulations to satisfy the discontinuation and renewal notice requirements.

IV. Transfer of Existing Coverage Following Product Discontinuance or Discontinuance of All Coverage in a Market

A question has been raised concerning whether an issuer that discontinues a product or all coverage in a market may transfer its existing business to another licensed issuer, such as a subsidiary company under the same holding company.

With respect to the discontinuance of a particular product, the Federal guaranteed renewability statute and regulations provide that a product may be discontinued by the issuer if the issuer

¹⁰ Letter to Insurance Commissioners on Market Transitional Policy (November 14, 2013), available at: <http://www.cms.gov/CCIIO/Resources/Letters/Downloads/commissioner-letter-11-14-2013.PDF>. Extended Transition to Affordable Care Act-Compliant Policies (March 5, 2014), available at: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/transition-to-compliant-policies-03-06-2015.pdf>.

offers to each plan sponsor or individual provided that particular product the option to purchase, on a guaranteed availability basis, any other health insurance coverage offered by the issuer in that market, and complies with other requirements of those sections, as well as with any applicable State law. An issuer does not satisfy the requirement to offer other health insurance coverage currently being offered “by the issuer” if it automatically enrolls consumers into a product of another issuer that is separately licensed to engage in the business of insurance in a State.

With respect to discontinuance of all coverage in a market, the Federal guaranteed renewability statute and regulations do not prevent an issuer from automatically enrolling affected individuals into a product of another licensed issuer. However, State law may limit the extent to which an issuer can discontinue all coverage in a market, and under what circumstances. For example, a State may choose to require an issuer discontinuing all coverage in a market to transfer its business to another issuer through a reinsurance arrangement, or some other means permitted under State law.

Where to get more information:

If you have any questions about this bulletin, please e-mail CCIIO at marketreform@cms.hhs.gov.

Attachments

- Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Marketplace
- Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Marketplace
- Attachment 3: Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a new plan
- Attachment 4: Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a new product
- Attachment 5: Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan
- Attachment 6: Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan
- Attachment 7: Instructions for completing Federal standard notices

Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Marketplace.

Important: [Name of issuer¹] is continuing to offer your health coverage for next year. Some plan details may have changed. Unless you take action by [Date²], you will be automatically enrolled to continue this coverage next year [,but the plan won't allow you to receive financial assistance to lower your monthly premiums, copayments, coinsurance, and deductibles based on income³]. Read this letter to learn more and to review your options.

[Date of Notice⁴]

[First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]⁵]

Dear [First Name of Subscriber⁶]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **This letter summarizes any changes to your coverage so you can decide if you want to keep your plan or look for a different one.** Changes described in this letter will be effective [Date⁷].

[For calendar year plans (grandfathered and non-grandfathered): You can choose a new plan during Open Enrollment from [Beginning date through End date⁹]. **If you choose a new plan and want coverage to start January 1, you need to enroll by [Date¹⁰].**

For non-calendar year plans (grandfathered): Briefly describe available open or special enrollment opportunities so that subscribers are informed when they can choose new plans.⁸

Changes we're making to your coverage

- Premium – Your new premium starts in [Month¹¹]. Your monthly premium will be \$[Dollar amount¹²].
- *[Briefly describe plan changes and/or refer to enclosed materials¹³]*
- You can review more details about your plan at [Issuer website¹⁴] and in your Summary of Benefits and Coverage.

[For renewals for plans outside the Marketplace: **This plan doesn't allow you to receive financial assistance to lower your monthly premiums or lower your out-of-pockets costs.** If you want to be considered for financial assistance to lower your monthly premiums and lower your copayments, coinsurance, and deductibles based on your income, you must visit [Name of Marketplace¹⁵] and enroll in a different plan.

[For renewals from a QHP offered through the Marketplace into a plan outside the Marketplace: **Important: This plan doesn't allow you to receive financial assistance offered through the**

Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Marketplace.

[Name of Marketplace¹⁶] to lower your monthly premiums or lower your out-of-pockets costs

If you choose to keep this plan, you won't be enrolled through [Name of Marketplace¹⁷]. This means that if you want to be considered for financial assistance offered through the [Name of Marketplace¹⁸] to lower your monthly premiums and lower your copayments, coinsurance, and deductibles based on your income, you must go back to [Name of Marketplace¹⁹] and enroll in a new plan. **[If you don't enroll through [Name of Marketplace²⁰], any advance payments of the premium tax credit and lower copayments, coinsurance, and deductibles that you currently get will stop on [Date²³.²²]²¹]**

So what are my options if...

- **I like the plan changes presented above?**
 - YOU DON'T HAVE TO DO ANYTHING. You'll automatically be enrolled and just have to pay the monthly premium.

- **I don't like the plan changes presented above?**
 - YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:
 1. Visit [Marketplace website²⁴] and look at other [Name of Marketplace²⁵] plans.
 2. Visit [Marketplace website²⁶] and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
 3. Look at other plans outside [Name of Marketplace²⁷].

Just keep in mind that if you qualify for financial assistance to lower your monthly premiums or out-of-pocket costs, you can only get these savings if you enroll through [Name of Marketplace²⁸].

Questions?

- Call [Name of issuer²⁹] at [Issuer phone number³⁰], or visit [Issuer website³¹]. You can also work with a licensed insurance agent or broker.

- Visit [Marketplace website³²], or call [Marketplace phone number³³] to learn more about [Name of Marketplace³⁴] and to see if you qualify for lower costs.

- Visit LocalHelp.HealthCare.gov to find personal help in your area.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

[Getting help in other languages

Include the tagline below for the languages spoken by 10% or more of the population in the county. Taglines in other languages may also be included and are encouraged.

Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Marketplace.

English: For help in [Language³⁶], call [Phone number³⁷] and an interpreter will assist you with this notice at no cost.³⁵]

Attachment 2: Renewal notice for the individual market where coverage is being renewed under the same product in a QHP offered through the Marketplace

Important: [Name of issuer¹] is continuing to offer your health coverage for next year. Some plan details may have changed. Unless you take action by [Date²], you will be automatically enrolled to continue this coverage next year[,but the plan will no longer offer lower copayments, coinsurance, and deductibles based on income³]. Read this letter to learn more and to review your options.

[Date of Notice⁴]

[First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip⁵]

Dear [First Name of Subscriber⁶]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **This letter summarizes any changes to your coverage, so you can decide if you want to keep your plan or enroll in a different one.** Changes described in this letter will be effective [Date⁷]. **You should also update your [Name of Marketplace⁸] application to make sure you are getting the right amount of financial assistance.**

You can choose a new plan during Open Enrollment from [Beginning date through End date⁹]. **If you choose a new plan and want coverage to start January 1, you need to enroll by [Date¹⁰].**

Changes we're making to your coverage

- Premium – Your new premium starts in January. Your monthly premium will be \$[Dollar amount¹¹]. [This amount assumes you get the same advance payments of the premium tax credit you received for [Year¹³], which would lower your monthly premium from \$[Dollar amount¹⁴].¹²]
- *[Briefly describe plan changes and/or refer to enclosed materials¹⁵]*
- You can review more details about your plan at [Issuer website¹⁶] and in your Summary of Benefits and Coverage.

[For renewals into a non-Silver level QHP (except for Indians eligible for cost-sharing reductions): **Important: You can't get lower deductibles, coinsurance, and copayments with this plan**

If you choose to keep this plan, you won't be enrolled in a plan at the Silver level. This means that if you qualify for lower copayments, coinsurance, and deductibles based on your income, you must go back to the [Name of Marketplace¹⁸] and enroll in a Silver plan to get these savings. **[If you don't enroll in a Silver plan through [Name of Marketplace²⁰], any lower copayments, coinsurance, and deductibles you currently get will stop on [Date²¹].¹⁹]¹⁸**

Update your [Name of Marketplace²²] application by [Date²³]

Attachment 2: Renewal notice for the individual market where coverage is being renewed under the same product in a QHP offered through the Marketplace

[In [Year²⁵] you saved [Dollar amount²⁶] on your monthly premium because of advance payments of the premium tax credit. However, you might be able to get more savings or better plan your budget next year. Visit [Marketplace website²⁷] during Open Enrollment to see if you qualify.

Estimated Monthly Savings in [Year²⁸]	Your Potential Savings in [Year³⁰]
[\$[Dollar amount²⁹]	Visit [Marketplace website ³¹]

²⁴]

It's important to review your [Name of Marketplace³²] application to make sure the information is still current and correct. [Name of Marketplace³³] uses this information to determine the amount of any advance credit payments and lower copayments, coinsurance, and deductibles you may be eligible for.

When it's time to file your federal income tax return, you will compare the amount of advance credit payments you get for the year with the amount you're due based on the income you report on your tax return. You may have to pay back some or all of your advance credit payments if your income is higher than what you told the [Name of Marketplace³⁴] in your application.

To help make sure you're getting all the financial assistance you deserve and don't owe back money, contact the [Name of Marketplace³⁵] by [Date³⁶] to update your application and enroll.

[If you didn't receive advance payments of the premium tax credit in [Year³⁸]

Tax credits and other cost savings are available to many people who have a [Name of Marketplace³⁹] plan. Even if you didn't get these savings last year, it's worth checking to see if you qualify this year. Visit [Name of Marketplace⁴⁰] to update your application and find out if you qualify.³⁷

So what are my options if...

- **I like the plan changes presented above, and there are no changes to my [Name of Marketplace⁴¹] application information?**
 - YOU DON'T HAVE TO DO ANYTHING. You'll automatically be enrolled and just have to pay the monthly premium.

- **I like the plan changes presented above and there are changes to my [Name of Marketplace⁴²] application information?**
 - YOU HAVE TO GO BACK TO [NAME OF MARKETPLACE⁴³] TO UPDATE YOUR INFORMATION AND TELL US YOU WANT TO RE-ENROLL IN [PLAN NAME and ID⁴⁴].

- **I don't like the plan changes presented above?**

Attachment 2: Renewal notice for the individual market where coverage is being renewed under the same product in a QHP offered through the Marketplace

○ YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:

1. Visit [Marketplace website⁴⁵] and look at other [Name of Marketplace⁴⁶] plans.
2. Visit [Marketplace website⁴⁷] and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
3. Look at other plans outside [Name of Marketplace⁴⁸].

Just keep in mind that if you qualify for financial assistance to lower your monthly premiums or out-of-pocket costs, you can only get these savings if you enroll through [Name of Marketplace⁴⁹].

Questions?

- Call [Issuer name⁵⁰] at [Issuer phone number⁵¹], or visit [Issuer website⁵²]. You can also work with a licensed insurance agent or broker.
- Visit [Marketplace website⁵³], or call [Marketplace phone number⁵⁴] to learn more about [Name of Marketplace⁵⁵] and to see if you qualify for lower costs.
- Visit LocalHelp.HealthCare.gov to find personal help in your area.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

[Getting help in other languages

Include the tagline below for the languages spoken by 10% or more of the population in the county. Taglines in other languages may also be included and are encouraged.

English: For help in [Language⁵⁷], call [Phone number⁵⁸] and an interpreter will assist you with this notice at no cost.⁵⁶]

Attachment 3: Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a new plan outside the Marketplace

Important: [Name of issuer¹] isn't offering your current health coverage next year in your area. Unless you take action by [Date²], you will be automatically enrolled in a new plan. Read this letter to learn more and to review your options.

[Date of Notice³]

[First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]⁴

Dear [First Name of Subscriber⁵]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **[Name of issuer⁶] won't offer the coverage you currently have in [Current year⁷] again in your area in [Following year⁸]. We have suggested a new plan for you, but you can review your options and decide what to do.** The last day of your current coverage is [Date⁹].

Your suggested new plan

Even though your current coverage isn't being offered in your area next year, we have found another plan you may like. **You will automatically be enrolled in [Plan name¹⁰] to make sure there isn't a gap in your coverage. You can enroll in a different plan anytime between [Beginning date and End date¹¹]. If you want coverage to start January 1, make sure you enroll by [Date¹²].**

Please review your new premium and benefits below to see if this plan meets your needs. If it doesn't, keep reading to learn about your other options.

- Premium – Your new premium starts in [Month¹³]. Your monthly premium will be \$[Dollar amount¹⁴].
- *[Briefly describe plan changes and/or refer to enclosed materials¹⁵]*
- You can review more details about this plan at [Issuer website¹⁶] and in your Summary of Benefits and Coverage.

So what are my options if...

- **I like the suggested plan?**
 - YOU DON'T HAVE TO DO ANYTHING. You'll automatically be enrolled and just have to pay the monthly premium.
- **I don't like the suggested plan?**
 - YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:

Attachment 3: Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a new plan outside the Marketplace

1. Visit [Marketplace website¹⁷] and look at other [Name of Marketplace¹⁸] plans.
2. Visit [Marketplace website¹⁹] and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
3. Look at other plans outside [Name of Marketplace²⁰].

Just keep in mind that if you qualify for financial assistance to lower your monthly premiums or lower your out-of-pocket costs, you can only get these savings if you enroll through [Name of Marketplace²¹].

- **I can't afford a [Name of Marketplace²²] plan?**
 - YOU CAN CONTACT [NAME OF MARKETPLACE²³] AND APPLY FOR A HARDSHIP EXEMPTION. This exemption will allow you to buy a catastrophic plan that usually has lower monthly premiums and will mainly protect you from very high medical costs.

When do I need to make a decision?

The [Year²⁴] Open Enrollment period is from [Beginning date through End date²⁵]. But since your coverage is ending, you qualify to enroll in a new plan from [Beginning date to End date²⁶].

If you want a plan other than the suggested plan, enroll in the new plan by [Date²⁷] to make sure there isn't a gap in your coverage.

Questions?

- Call [Issuer name²⁸] at [Issuer phone number²⁹], or visit [Issuer website³⁰]. You can also work with a licensed insurance agent or broker.
- Visit [Marketplace website³¹], or call [Marketplace phone number³²] to learn more about [Name of Marketplace³³] and to see if you qualify for lower costs.
- Visit LocalHelp.HealthCare.gov to find personal help in your area.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

[Getting help in other languages

Include the tagline below for the languages spoken by 10% or more of the population in the county. Taglines in other languages may also be included and are encouraged.

English: For help in [Language³⁵], call [Phone number³⁶] and an interpreter will assist you with this notice at no cost.³⁴]

Attachment 4: Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a new product

Important: [Name of issuer¹] isn't offering your current health coverage next year in your area [through [Name of Marketplace]²]. Unless you take action by [Date³], you will be automatically enrolled in a new plan[, but the plan won't offer lower copayments, coinsurance, and deductibles based on income⁴]. Read this letter to learn more and to review your options.

[Date of Notice⁵]

[First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]⁶

Dear [First Name of Subscriber⁷]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **[Name of issuer⁸] won't offer the coverage you currently have in [Current year⁹] again in your area [through [Name of Marketplace]¹⁰] in [Following year¹¹]. We have suggested a new plan for you, but you can review your options and decide what to do.** The last day of your current coverage is [Date¹²]. **You should also update your [Name of Marketplace¹³] application to make sure you are getting the right amount of financial assistance.**

Your suggested new plan

Even though your current coverage isn't being offered next year in your area [through [Name of Marketplace]¹⁴], we have found another plan you may like. **You will automatically be enrolled in [Plan name¹⁵] to make sure there isn't a gap in your coverage. You can enroll in a different plan anytime between [Beginning date and End date¹⁶]. If you want coverage to start January 1, make sure you enroll by [Date¹⁷].**

Please review your new premium and benefits below to see if this plan meets your needs. If it doesn't, keep reading to learn about your other options.

- Premium – Your new premium starts in January. Your monthly premium will be \$[Dollar amount¹⁸]. [This amount assumes you get the same advance payments of the premium tax credit you received for [Year²⁰], which would lower your monthly premium from \$[Dollar amount²¹].¹⁹]
- *[Briefly describe plan changes and/or refer to enclosed materials²²]*
- You can review more details about this plan at [Issuer website²³] and in your Summary of Benefits and Coverage.

Attachment 4: Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a new product

[For auto-enrollment into a non-Silver level QHP (except for Indians eligible for cost-sharing reductions): **Important: You can't get lower deductibles, coinsurance, and copayments with this plan**

If you choose to keep this plan, you won't be enrolled in a plan at the Silver level. This means that if you qualify for lower copayments, coinsurance, and deductibles based on your income, you must go back to the [Name of Marketplace³¹] and enroll in a Silver plan to get these savings. **[If you don't enroll in a Silver plan through [Name of Marketplace³³], any lower copayments, coinsurance, and deductibles you currently get will stop on [Date³⁴].³²]³⁰**

Update your [Name of Marketplace³⁵] application by [Date³⁶]

[In [Year³⁸] you saved [Dollar amount³⁹] on your monthly premium because of advance payments of the premium tax credit. However, you might be able to get more savings or better plan your budget next year. Visit [Marketplace website⁴⁰] during Open Enrollment to see if you qualify.

Estimated Monthly Savings in [Year⁴¹]	Your Potential Savings in [Year⁴³]
[\$Dollar amount⁴²]	Visit [Marketplace website ⁴⁴]

^{37]}

It's important to review your [Name of Marketplace⁴⁵] application to make sure the information is still current and correct. [Name of Marketplace⁴⁶] uses this information to determine the amount of any advance credit payments and lower copayments, coinsurance, and deductibles you may be eligible for.

When it's time to file your federal income tax return, you will compare the amount of advance credit payments you get for the year with the amount you're due based on the income you report on your tax return. You may have to pay back some or all of your advance credit payments if your income is higher than what you told the [Name of Marketplace⁴⁷] in your application.

To help make sure you're getting all the financial assistance you deserve and don't owe back money, contact the [Name of Marketplace⁴⁸] by [Date⁴⁹] to update your application and enroll.

[If you didn't receive advance payments of the premium tax credit in [Year⁵¹]

Tax credits and other cost savings are available to most people who have a [Name of Marketplace⁵²] plan. Even if you didn't get these savings last year, it's worth checking to see if you qualify this year.^{50]}

So what are my options if...

- **I like the suggested plan, and there are no changes to my [Name of Marketplace⁵³] application information?**

Attachment 4: Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a new product

- YOU DON'T HAVE TO DO ANYTHING. You'll automatically be enrolled and just have to pay the monthly premium.
- **I like the suggested plan, and there are changes to my [Name of Marketplace⁵⁴] application information?**
 - YOU HAVE TO GO BACK TO [NAME OF MARKETPLACE⁵⁵] TO UPDATE YOUR INFORMATION AND TELL US YOU WANT TO RE-ENROLL IN [PLAN NAME and ID⁵⁶]
- **I don't like the suggested plan?**
 - YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:
 1. Visit [Marketplace website⁵⁷] and look at other [Name of Marketplace⁵⁸] plans.
 2. Visit [Marketplace website⁵⁹] and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
 3. Look at other plans outside [Name of Marketplace⁶⁰].

Just keep in mind that if you qualify for financial assistance to lower your monthly premiums or out-of-pocket costs, you can only get these savings if you enroll through [Name of Marketplace⁶¹].

- **I can't afford a [Name of Marketplace⁶²] plan?**
 - YOU CAN CONTACT [NAME OF MARKETPLACE⁶³] AND APPLY FOR A HARDSHIP EXEMPTION. This exemption will allow you to buy a catastrophic plan that usually has lower monthly premiums and will mainly protect you from very high medical costs.
- **[I like my current coverage and want to enroll outside [Name of Marketplace⁶⁵]?**
 - YOU SHOULD CONTACT US AT THE NUMBER BELOW.⁶⁴

When do I need to make a decision?

The [Year⁶⁶] Open Enrollment period is from [Beginning date through End date⁶⁷]. But since your coverage is ending, you qualify to enroll in a new plan from [Beginning date to End date⁶⁸]. **If you want a plan other than the suggested plan, enroll in the new plan by [Date⁶⁹] to make sure there isn't a gap in your coverage.**

Questions?

- Call [Issuer name⁷⁰] at [Issuer phone number⁷¹], or visit [Issuer website⁷²]. You can also work with a licensed insurance agent or broker.
- Visit [Marketplace website⁷³], or call [Marketplace phone number⁷⁴] to learn more about [Name of Marketplace⁷⁵] and to see if you qualify for lower costs.

Attachment 4: Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a new product

- Visit LocalHelp.HealthCare.gov to find personal help in your area.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

[Getting help in other languages

Include the tagline below for the languages spoken by 10% or more of the population in the county. Taglines in other languages may also be included and are encouraged.

English: For help in [Language⁷⁷], call [Phone number⁷⁸] and an interpreter will assist you with this notice at no cost.⁷⁶]

Attachment 5: Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan

Important: [Name of issuer¹] isn't offering your current health coverage in your area next year. Unless you take action by [Date²], you won't have health coverage next year. Read this letter to learn more and to review your options.

[Date of Notice³]

[First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]⁴

Dear [First Name of Subscriber⁵]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **[Name of issuer⁶] won't offer the coverage you currently have in [Current year⁷] again in your area in [Following year⁸]. This means you must enroll in a new plan to have health insurance coverage.** The last day of your current coverage is [Date⁹].

What are my options for getting coverage?

- YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:
 1. Visit [Marketplace website¹⁰] and look at other [Name of Marketplace¹¹] plans.
 2. Visit [Marketplace website¹²] and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
 3. Look at other plans outside [Name of Marketplace¹³].

Just keep in mind that if you qualify for financial assistance that lowers your monthly premiums and out-of-pocket costs, you can only get these savings if you enroll through [Name of Marketplace¹⁴].

What if I can't afford a [Name of Marketplace¹⁵] plan?

- YOU CAN CONTACT [NAME OF MARKETPLACE¹⁶] AND APPLY FOR A HARDSHIP EXEMPTION. This exemption will allow you to buy a catastrophic plan that usually has lower monthly premiums and will mainly protect you from very high medical costs.

When do I need to make a decision?

The [Year¹⁷] Open Enrollment period is from [Beginning date through End date¹⁸]. But since your plan is ending, you qualify to enroll in a new plan from [Beginning date to End date¹⁹]. **To make sure there isn't a gap in your coverage, enroll in the new plan by [Date²⁰].**

Attachment 5: Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan

Questions?

- Call [Issuer name²¹] at [Issuer phone number²²], or visit [Issuer website²³]. You can also work with a licensed insurance agent or broker.
- Visit [Marketplace website²⁴], or call [Marketplace phone number²⁵] to learn more about [Name of Marketplace²⁶] and to see if you qualify for lower costs.
- Visit [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov) to find personal help in your area.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

[Getting help in other languages

Include the tagline below for the languages spoken by 10% or more of the population in the county. Taglines in other languages may also be included and are encouraged.

English: For help in [Language²⁸], call [Phone number²⁹] and an interpreter will assist you with this notice at no cost.²⁷]

Attachment 6: Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan

Important: [Name of issuer¹] isn't offering your current health coverage next year in your area. Unless you take action by [Date²], you won't have health coverage next year. Read this letter to learn more and to review your options.

[Date of Notice³]

[First Name][Last Name]
[Address line 1]
[Address line 2]
[City][State][Zip]⁴

Dear [First Name of Subscriber⁵]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **[Name of issuer⁶] won't offer the coverage you currently have in [Current year⁷] again in your area in [Following year⁸]. This means you must enroll in a new plan to have health insurance coverage.** The last day of your current coverage is [Date⁹]. **You should also update your [Name of Marketplace¹⁰] application to make sure you are getting the right amount of financial assistance if you choose a new plan.**

Update your [Name of Marketplace¹¹] application by [Date¹²]

[In [Year¹⁴] you saved [Dollar amount¹⁵] because of advance payments of the premium tax credit. However, you might be able to get more savings or better plan your budget next year. Visit [Marketplace website¹⁶] during Open Enrollment to see if you qualify.

Estimated Monthly Savings in [Year¹⁷]	Your Potential Savings in [Year¹⁹]
[\$[Dollar amount¹⁸]	Visit [Marketplace website ²⁰]

¹³

When you go to the Marketplace to enroll in a new plan, you'll be asked to update your application. It's important to review your [Name of Marketplace²¹] application to make sure the information is still current and correct. [Name of Marketplace²²] uses this information to determine the amount of any advance credit payments and lower copayments, coinsurance, and deductibles you may be eligible for.

When it's time to file your federal income tax return, you will compare the amount of advance credit payments you get for the year with the amount you're due based on the income you report on your tax return. You may have to pay back some or all of your advance credit

Attachment 6: Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan

payments if your income is higher than what you told the [Name of Marketplace²³] in your application.

To help make sure you're getting all the financial assistance you deserve and don't owe back money, contact the [Name of Marketplace²⁴] by [Date²⁵] to update your application and enroll.

[If you didn't receive advance payments of the premium tax credit in [Year²⁷]

Tax credits and other cost savings are available to most people who have a [Name of Marketplace²⁸] plan. Even if you didn't get these savings last year, it's worth checking to see if you qualify this year.²⁶

What are my options for getting coverage?

- YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:
 1. Visit [Marketplace website²⁸] and look at other [Name of Marketplace²⁹] plans.
 2. Visit [Marketplace website³⁰] and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
 3. Look at other plans outside [Name of Marketplace³¹].

Just keep in mind that if you qualify for financial assistance to lower your monthly premiums or out-of-pocket costs, you can only get these savings if you enroll through [Name of Marketplace³²].

What if I can't afford a [Name of Marketplace³³] plan?

YOU CAN CONTACT [NAME OF MARKETPLACE³⁴] AND APPLY FOR A HARDSHIP EXEMPTION. This exemption will allow you to buy a catastrophic plan that usually has lower monthly premiums and will mainly protect you from very high medical costs. You should also look to see if any changes have been made to copayments, coinsurance, and deductibles.

When do I need to make a decision?

The [Year³⁶] Open Enrollment period is from [Beginning date through End date³⁷]. But since your plan is ending, you qualify to enroll in a new plan from [Beginning date to End date³⁸]. **To make sure there isn't a gap in your coverage, enroll in the new plan by [Date³⁹].**

Questions?

- Call [Issuer name⁴⁰] at [Issuer phone number⁴¹], or visit [Issuer website⁴²]. You can also work with a licensed insurance agent or broker.
- Visit [Marketplace website⁴³], or call [Marketplace phone number⁴⁴] to learn more about [Name of Marketplace⁴⁵] and to see if you qualify for lower costs.
- Visit LocalHelp.HealthCare.gov to find personal help in your area.

Attachment 6: Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

[Getting help in other languages

Include the tagline below for the languages spoken by 10% or more of the population in the county. Taglines in other languages may also be included and are encouraged.

English: For help in [Language⁴⁷], call [Phone number⁴⁸] and an interpreter will assist you with this notice at no cost.⁴⁶]

Attachment 7: Instructions for completing Federal standard notices

Instructions for Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Marketplace

This notice should be used when coverage was purchased outside the Marketplace and will be renewed outside the Marketplace. This notice should also be used when coverage was purchased through the Marketplace and will be renewed outside the Marketplace because the enrollee will not be automatically enrolled in another product offered by the issuer through the Marketplace, in accordance with 45 CFR § 155.335(j).

Section		Fixed or Variable ¹¹	Field Name	Valid Values	Special Instructions
Headline box	1	Fixed	Name of issuer	Text	
	2	Variable	Date	Month, DD, YYYY	
	3	Variable	Paragraph	Text	Include the additional clause concerning loss of financial assistance if such assistance would no longer be available at renewal because the plan will be offered outside the Marketplace.
Date	4	Variable	Date of Notice	Month, DD, YYYY	
Address	5	Variable	First Name Last Name Address line 1 Address line 2 City, State, Zip	Text and numeric	
Salutation	6	Variable	First Name of Subscriber	Text	In the individual market, subscriber means the individual who purchases an individual policy and who is responsible for the payment of premiums.

¹¹ Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

Attachment 7: Instructions for completing Federal standard notices

Section		Field Number(s)	Fixed or Variable	Field Name	Valid Values
Intro	7	Variable	Date	Month, DD, YYYY	
	8	Variable	Paragraph	Paragraph	Include the appropriate paragraph depending on whether the coverage is on a calendar plan year (grandfathered and non-grandfathered plans) or a non-calendar plan year (grandfathered plans). If coverage is on a non-calendar plan year (grandfathered plans), describe the next open or special enrollment period when subscribers can change plans. Do not include the italicized instructions.
	9	Fixed	Beginning date through End date	Month, DD, YYYY	Enter the beginning and end dates of the annual open enrollment period for the upcoming policy year. For example, for the 2015 policy year, enter "November 15, 2014 through February 15, 2015."
	10	Fixed	Date	Month DD	Enter the date by which a plan selection must be made for coverage effective January 1 of the following year
Changes we're making to your coverage	11	Variable	Month	Text	
	12	Variable	Dollar amount	Numeric	Enter the total monthly premium for the coverage for upcoming policy year. When necessary, a short statement may be included indicating that the premium rate is an estimate and indicating where consumers will find the actual premium for the coverage.
	13	Variable	Briefly describe plan changes and/or refer to enclosed materials	Text	List significant changes to coverage, including but not limited to changes in deductibles, cost sharing, metal level, covered benefits, eligibility and provider network. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.
	14	Fixed	Issuer website	Text	

Attachment 7: Instructions for completing Federal standard notices

Section		Field Number(s)	Fixed or Variable	Field Name	Valid Values
This plan doesn't allow you to receive financial assistance...	21	Variable	Paragraph	Paragraph	Include this paragraph if the enrollee was previously enrolled through the Marketplace; and the enrollee will not be automatically enrolled in another product offered by the issuer through the Marketplace; and the coverage will be renewed outside the Marketplace.
	15, 16, 17, 18, 19, 20	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	22	Variable	Sentence	Sentence	Included the bolded sentence if any enrollee in the enrollment group received APTC or CSRs in the current policy year. If not, omit.
	23	Fixed	Date	Month, DD, YYYY	Enter last day of current policy year.
So what are my options if...	24, 26	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	25, 27, 28	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.

Attachment 7: Instructions for completing Federal standard notices

Section					
		Field Number(s)	Fixed or Variable	Field Name	Valid Values
Questions?	29	Fixed	Name of issuer	Text	
	30	Fixed	Issuer phone number	Numeric	
	31	Fixed	Issuer website	Text	
	32	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	33	Fixed	Marketplace phone number	Numeric	For States with Federally-facilitated Marketplaces, enter "1-800-318-2596 (TTY: 1-855-889-4325)." For States with State-based Marketplaces, enter the phone number of the State Marketplace.
	34	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
Getting help in other languages	35	Fixed	Section	Text	Include the tagline translated in the non-English language(s) spoken by 10% or more of the population in the county. Taglines in additional languages are encouraged. Do not include the italicized instructions. If no language meets this threshold, this section may be omitted.
	36	Fixed	Language	Text	
	37	Fixed	Phone number	Numeric	Insert appropriate phone number for language interpretation services.

Attachment 7: Instructions for completing Federal standard notices

Instructions for Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Marketplace

This notice should be used when coverage was purchased through the Marketplace and will be renewed through the Marketplace.

Section					
	Field Number(s)	Fixed or Variable ¹²	Field Name	Valid Values	Special Instructions
Headline box	1	Fixed	Name of issuer	Text	
	2	Variable	Date	Month, DD, YYYY	
	3	Variable	Paragraph	Text	Include the additional clause concerning loss of financial assistance if such assistance would no longer be available at renewal because the renewal plan will not be at the silver level.
Date	4	Variable	Date of Notice	Month, DD, YYYY	
Address	5	Variable	First Name Last Name Address line 1 Address line 2 City, State, Zip	Text and numeric	
Salutation	6	Variable	First Name of Subscriber	Text	In the individual market, subscriber means the individual who purchases an individual policy and who is responsible for the payment of premiums.

¹² Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

Attachment 7: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Intro	7	Fixed	Date	Month, DD, YYYY	
	8	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter “the Marketplace.” For States with State-based Marketplaces, enter the name of the State Marketplace.
	9	Fixed	Beginning date through End date	Month, DD, YYYY	Enter the beginning and end dates of the annual open enrollment period for the upcoming policy year. For example, for the 2015 policy year, enter “November 15, 2014 through February 15, 2015.”
	10	Fixed	Date	Month DD	Enter the date by which a plan selection must be made for coverage effective January 1.
Changes we’re making to your coverage	11	Variable	Dollar amount	Numeric	Enter the total monthly premium reduced by the most recent monthly amount of any APTC for the enrollment group for which data are available.
	12	Variable	Sentence	Text	Include this sentence if any enrollee in the enrollment group received APTC during the current policy year. If not, omit.
	13	Variable	Year	YYYY	
	14	Variable	Dollar amount	Numeric	Enter the total monthly premium for the coverage for upcoming policy year. When necessary, a short statement may be included indicating that the premium rate is an estimate and indicating where consumers will find the actual premium for the coverage.
	15	Variable	Briefly describe plan changes and/or refer to enclosed materials	Text	List significant changes to coverage, including but not limited to changes in deductibles, cost sharing, metal level, covered benefits, eligibility and provider network. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.
	16	Fixed	Issuer website	Text	

Attachment 7: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
You can't get lower deductibles, coinsurance and copayments for this plan	17	Variable	Paragraph	Paragraph	Include this paragraph if the enrollee was previously enrolled in a silver-level QHP and their coverage is being renewed in a non-silver-level QHP, consistent with 45 CFR 155.335(j)(1). If not, omit. Do not include this paragraph if you know the enrollee is an Indian eligible for cost-sharing reductions. Do not include the italicized instructions.
	18, 20	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	19	Variable	Sentence	Sentence	Included the bolded sentence if any enroll in the enrollment group received cost-sharing reductions in the current policy year. If not, omit.
	21	Fixed	Date	Month, DD, YYYY	Enter the last day of current policy year.
Update your [Name of Marketplace] application by [Date]	22, 32, 33, 34, 35, 40	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	23, 36	Fixed	Date	Month, DD	Enter the date by which a plan selection must be made for coverage effective January 1.
	24	Variable	Text and table	Text and table	Include the text and table if any enrollee in the enrollment group received APTC in the current benefit year.
	25, 28	Fixed	Year	YYYY	Enter the current benefit year
	26, 29	Variable	Dollar amount	Numeric	Enter the most recent monthly amount of APTC for the enrollment group for which data are available
	27, 31	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	30	Fixed	Year	YYYY	Enter the following benefit year

Attachment 7: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
If you didn't receive advance payments of the premium tax credit in [Year]	37	Variable	Paragraph	Paragraph	Include this paragraph if no enrollee in the enrollment group received APTC in the current benefit year. If not, omit.
	38	Fixed	Year	YYYY	Enter current benefit year
	39	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
So what are my options if...	41, 42, 43, 46, 48, 49	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	44	Variable	Plan name and ID	Text Numeric	Enter the name of the plan and HIOS Plan ID
	45, 47	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
Questions?	50	Fixed	Name of issuer	Text	
	51	Fixed	Issuer phone number	Numeric	
	52	Fixed	Issuer website	Text	
	53	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov."
	54	Fixed	Marketplace phone number	Numeric	For States with Federally-facilitated Marketplaces, enter "1-800-318-2596 (TTY: 1-855-889-4325)." For States with State-based Marketplaces, enter the phone number of the State Marketplace.
	55	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.

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Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Getting help in other languages	58	Fixed	Section	Text	<p>Include the tagline translated in the non-English language(s) spoken by 10% or more of the population in the county. Taglines in additional languages are encouraged. Do not include the italicized instructions.</p> <p>If no language meets this threshold, this section may be omitted.</p>
	56	Fixed	Language	Text	
	57	Fixed	Phone number	Numeric	Insert appropriate phone number for language interpretation services.

Attachment 7: Instructions for completing Federal standard notices

Instructions for Attachment 3: Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a new plan outside the Marketplace

This notice should be used when the issuer is non-renewing coverage purchased outside the Marketplace, and, consistent with State law, automatically enrolling the enrollee in new coverage outside the Marketplace. This includes non-renewals based on a discontinuance of the product or unavailability of the product based on the enrollee no longer being located within the product’s service area.

Section					
	Field Number(s)	Fixed or Variable ¹³	Field Name	Valid Values	Special Instructions
Headline box	1	Fixed	Name of issuer	Text	
Date	2	Variable	Date	Month, DD, YYYY	
Date	3	Variable	Date of Notice	Month, DD, YYYY	
Address	4	Variable	First Name Last Name Address line 1 Address line 2 City, State, Zip	Text and numeric	
Salutation	5	Variable	First Name of Subscriber	Text	In the individual market, subscriber means the individual who purchases an individual policy and who is responsible for the payment of premiums.
Intro	6	Fixed	Name of issuer	Text	
	7	Fixed	Current year	Numeric	
	8	Fixed	Following Year	Numeric	
	9	Variable	Date	Month DD, YYYY	

¹³ Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

Attachment 7: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Your suggested new plan	10	Variable	Plan name	Text	
	11	Variable	Beginning date End date	Month DD, YYYY	Enter the beginning and end dates of the special enrollment period.
	12	Fixed	Date	Numeric	Enter the date by which a plan selection must be made for coverage effective January 1.
	13	Variable	Month	Text	
	14	Variable	Dollar amount	Numeric	Enter the total monthly premium for the coverage for upcoming policy year. When necessary, a short statement may be included indicating that the premium rate is an estimate and indicating where consumers will find the actual premium for the coverage.
	15	Variable	Briefly describe plan changes and/or refer to enclosed materials	Text	List significant changes to coverage, including but not limited to changes in deductibles, cost sharing, metal level, covered benefits, eligibility, product network type (e.g., PPO or HMO) and provider network. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.
	16	Fixed	Issuer website	Text	
So what are my options if...	17, 19	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	18, 20, 21, 22, 23	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.

Attachment 7: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
When do I need to make a decision?	24	Fixed	Year	YYYY	
	25	Fixed	Beginning date through End date	DD, Month, YYYY	Enter the beginning and end dates of the annual open enrollment period for the upcoming policy year. For example, for the 2015 policy year, enter "November 15, 2014 through February 15, 2015."
	26	Variable	Beginning date to End date	Month DD, YYYY	Enter the beginning and end dates of the special enrollment period.
	27		Date	Month DD, YYYY	
Questions?	28	Fixed	Name of issuer	Text	
	29	Fixed	Issuer phone number	Numeric	
	30	Fixed	Issuer website	Text	
	31	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	32	Fixed	Marketplace phone number	Numeric	For States with Federally-facilitated Marketplaces, enter "1-800-318-2596 (TTY: 1-855-889-4325)." For States with State-based Marketplaces, enter the phone number of the State Marketplace.
	33	Fixed	Name of Marketplace		For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
Getting help in other languages	34	Fixed	Section	Text	Include the tagline translated in the non-English language(s) spoken by 10% or more of the population in the county. Taglines in additional languages are encouraged. Do not include the italicized instructions. If no language meets this threshold, this section may be omitted.
	35	Fixed	Language	Text	
	36	Fixed	Phone number	Numeric	Insert appropriate phone number for language interpretation services.

Attachment 7: Instructions for completing Federal standard notices

Instructions for Attachment 4: Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a new product

This notice should be used when the product under which the QHP in which an enrollee is enrolled is not available through the Marketplace for renewal (even if it remains available outside the Marketplace) and the enrollee will, consistent with State law and, if applicable, 45 CFR §155.335(j)(2), be automatically enrolled in a different plan under a different product offered by the same QHP issuer . This includes non-renewals based on a discontinuance of the product and unavailability of the product based on the enrollee no longer being located within the product's service area. This notice should also be used when the product under which the QHP in which an enrollee is enrolled is discontinued, the issuer only offers other plans outside the Marketplace, and the issuer will automatically enroll the enrollee in one of its other plans outside the Marketplace.

Section					
	Field Number(s)	Fixed or Variable ¹⁴	Field Name	Valid Values	Special Instructions
Headline box	1	Fixed	Name of issuer	Text	
	2	Variable	through [Name of Marketplace]	Phrase	Include this phrase if the product will continue to be offered in the market outside the Marketplace and enter the name of the Marketplace. For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace. If the product will not continue to be offered in the market outside the Marketplace, omit.
	3	Variable	Date	Month, DD, YYYY	
	4	Variable	through [Name of Marketplace]	Phrase	Include this phrase if the enrollee with a silver level plan is being auto-enrolled into a non-silver level plan.
Date	5	Variable	Date of Notice	Month, DD, YYYY	
Address	6	Variable	First Name Last Name Address line 1 Address line 2 City, State, Zip	Text Numeric	

¹⁴ Fixed denotes that bracketed fields will be the same for all of an issuer's notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

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Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Salutation	7	Variable	First Name of Subscriber	Text	In the individual market, subscriber means the individual who purchases an individual policy and who is responsible for the payment of premiums.
Intro	8	Fixed	Name of issuer	Text	
	9	Fixed	Current year	YYYY	
	10	Variable	through [Name of Marketplace]	Phrase	See instruction for field 2.
	11	Fixed	Following Year	YYYY	
	12	Fixed	Date	Month DD, YYYY	
	13	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter “the Marketplace.” For States with State-based Marketplaces, enter the name of the State Marketplace.
Your suggested new plan	14	Variable	through [Name of Marketplace]	Phrase	See instruction for field 2.
	15	Variable	Plan name	Text	
	16	Fixed	Beginning date End date	Month DD, YYYY	Enter the beginning and end dates of the special enrollment period.
	17	Fixed	Date	Month DD	Enter the date by which a plan selection must be made for coverage effective January 1.
	18	Variable	Dollar amount	Numeric	Enter total monthly premium reduced by the most recent monthly amount of any APTC for the enrollment group for which data are available.
	19	Variable	Sentence	Text	Include this sentence if any enrollee in the enrollment group received APTC during the current policy year. If not, omit.

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Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Your suggested new plan	20	Fixed	Year	YYYY	
	21	Variable	Dollar amount	Numeric	Enter the total monthly premium for the coverage for upcoming policy year. When necessary, a short statement may be included indicating that the premium rate is an estimate and indicating where consumers will find the actual premium for the coverage.
	22	Variable	Describe plan changes and/or refer to enclosed materials	Text	List significant changes to coverage, including but not limited to changes in deductibles, cost sharing, metal level, covered benefits, eligibility, product network type (e.g., PPO or HMO) and provider network. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.
	23	Fixed	Issuer website	Text	
This plan doesn't allow you to receive financial assistance...	24	Variable	Paragraph	Paragraph	Include this paragraph if the enrollee was previously enrolled through the Marketplace and the plan in which the enrollee will automatically be enrolled is offered outside the Marketplace.
	25, 26, 27	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	28	Variable	Sentence	Sentence	Included the bolded sentence if any enroll in the enrollment group received APTC or CSRs in the current policy year. If not, omit.
	29	Fixed	Date	Month, DD, YYYY	Enter last day of current policy year.
You can't get lower deductibles, coinsurance and copayments for this plan	30	Variable	Paragraph	Paragraph	Include this paragraph if the enrollee was previously enrolled in a silver-level QHP and their coverage is being renewed in a non-silver-level QHP through the Marketplace, consistent with 45 CFR 155.335(j)(1). If not, omit. Do not include this paragraph if you know the enrollee is an Indian eligible for cost-sharing reductions. Do not include the italicized instructions.
	31, 33	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.

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Section					
You can't get lower deductibles, coinsurance and copayments for this plan	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
	32	Variable	Sentence	Sentence	Included the bolded sentence if any enroll in the enrollment group received cost-sharing reductions in the current policy year. If not, omit.
	34	Fixed	Date	Month, DD, YYYY	Enter the last day of current policy year.
Update your [Name of Marketplace] application by [Date]	35, 45, 46, 47, 48	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	36, 49	Fixed	Date	Month, DD	Enter the date by which a plan selection must be made for coverage effective January 1.
	37	Variable	Text and table	Text and table	Include the text and table if any enrollee in the enrollment group received APTC in the current benefit year.
	38, 41	Fixed	Year	YYYY	Enter the current policy year
	39, 42	Variable	Dollar amount	Numeric	Enter the most recent monthly amount of APTC for the enrollment group for which data are available
	40, 44	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	43	Fixed	Year	YYYY	Enter the following benefit year
If you didn't receive advance payments of the premium tax credit in [Year]	50	Variable	Paragraph	Paragraph	Include this paragraph if no enrollee in the enrollment group received APTC in the current benefit year. If not, omit.
	51	Fixed	Year	YYYY	Enter the current policy year
	52	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.

Attachment 7: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
So what are my options if...	53, 54, 55, 58, 60, 61, 62, 63, 65	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	56	Variable	Plan name and ID	Text Numeric	Enter the name of the plan and HIOS Plan ID
	57, 59	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	64	Variable	I like my current coverage and want to renew it outside [Name of Marketplace]?		Include this text if the product will continue to be offered outside the Marketplace.
When do I need to make a decision?	66	Fixed	Year	Numeric	
	67	Fixed	Beginning date End date	DD, Month, YYYY	Enter the beginning and end dates of the annual open enrollment period for the upcoming policy year. For example, for the 2015 policy year, enter "November 15, 2014 through February 15, 2015."
	68	Variable	Beginning date End date	Month DD, YYYY	Enter the beginning and end dates of the special enrollment period.
	69	Fixed	Date	Month DD, YYYY	
Questions?	70	Fixed	Name of issuer	Text	
	71	Fixed	Issuer phone number	Numeric	
	72	Fixed	Issuer website	Text	
	73	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.

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Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Questions?	74	Fixed	Marketplace phone number	Numeric	For States with Federally-facilitated Marketplaces, enter "1-800-318-2596 (TTY: 1-855-889-4325)." For States with State-based Marketplaces, enter the phone number of the State Marketplace.
	75	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
Getting help in other languages	76	Fixed	Section	Text	Include the tagline translated in the non-English language(s) spoken by 10% or more of the population in the county. If no language meets this threshold, this section may be omitted.
	77	Fixed	Language	Text	
	78	Fixed	Phone number	Numeric	Insert the appropriate phone number for language interpretation services

Attachment 7: Instructions for completing Federal standard notices

Instructions for Attachment 5: Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan

This notice should be used when the issuer is non-renewing coverage purchased outside the Marketplace based on a discontinuance of the product or unavailability of the product based on the product’s service area no longer including the enrollee’s location, and not automatically enrolling an enrollee in a new plan.

Section					
	Field Number(s)	Fixed or Variable ¹⁵	Field Name	Valid Values	Special Instructions
Headline box	1	Fixed	Name of issuer	Text	
	2	Variable	Date	Month, DD, YYYY	
Date	3	Variable	Date of Notice	Month, DD, YYYY	
Address	4	Variable	First Name Last Name Address line 1 Address line 2 City, State, Zip	Text Numeric	
Salutation	5	Variable	First Name of Subscriber	Text	In the individual market, subscriber means the individual who purchases an individual policy and who is responsible for the payment of premiums.
Intro	6	Fixed	Name of issuer	Text	
	7	Fixed	Current year	YYYY	
	8	Fixed	Following Year	YYYY	
	9	Fixed	Date	Month DD, YYYY	
What are my options for getting coverage?	10, 12	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter “HealthCare.gov.” For States with State-based Marketplaces, enter the website of the State Marketplace.
	11, 13, 14, 15, 16	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter “the Marketplace.” For States with State-based Marketplaces, enter the name of the State Marketplace.

¹⁵ Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

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Section		Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
When do I need to make a decision?	17	Fixed	Year	YYYY		
	18	Fixed	Beginning date through End date	DD, Month, YYYY	Enter the beginning and end dates of the annual open enrollment period for the upcoming policy year. For example, for the 2015 policy year, enter "November 15, 2014 through February 15, 2015."	
	19	Fixed	Beginning date to End date	Month DD, YYYY	Enter the beginning and end dates of the special enrollment period.	
	20	Fixed	Date	Month DD, YYYY		
Questions?	21	Fixed	Name of issuer	Text		
	22	Fixed	Issuer phone number	Numeric		
	23	Fixed	Issuer website	Text		
	24	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.	
	25	Fixed	Marketplace phone number	Numeric	For States with Federally-facilitated Marketplaces, enter "1-800-318-2596 (TTY: 1-855-889-4325)." For States with State-based Marketplaces, enter the phone number of the State Marketplace.	
	26	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.	
Getting help in other languages	27	Fixed	Section	Section	Include the tagline translated in the non-English language(s) spoken by 10% or more of the population in the county. Taglines in additional languages are encouraged. Do not include the italicized instructions. If no language meets this threshold, this section may be omitted.	
	28	Fixed	Language	Text		
	29	Fixed	Phone number	Numeric	Insert appropriate phone number for language interpretation services.	

Attachment 7: Instructions for completing Federal standard notices

Instructions for Attachment 6: Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan

This notice should be used when the product under which the QHP in which an enrollee is enrolled is not available for renewal through or outside the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan. This includes non-renewals based on a discontinuance of the product and unavailability of the product based on the enrollee no longer being located within the product’s service area.

Section					
	Field Number(s)	Fixed or Variable ¹⁶	Field Name	Valid Values	Special Instructions
Headline box	1	Fixed	Name of issuer	Text	
	2	Variable	Date	Month, DD, YYYY	
Date	3	Variable	Date of Notice	Month, DD, YYYY	
Address	4	Variable	First Name Last Name Address line 1 Address line 2 City, State, Zip	Text Numeric	
Salutation	5	Variable	First Name of Subscriber	Text	In the individual market, subscriber means the individual who purchases an individual policy and who is responsible for the payment of premiums.
Intro	6	Fixed	Name of issuer	Text	
	7	Fixed	Current year	YYYY	
	8	Fixed	Following Year	YYYY	
	9	Fixed	Date	Month DD, YYYY	
	10	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter “the Marketplace.” For States with State-based Marketplaces, enter the name of the State Marketplace.

¹⁶ Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

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Section					
	Field Number(s)	Fixed or Variable ¹⁷	Field Name	Valid Values	Special Instructions
Update your [Name of Marketplace] application by [Date]	11, 21, 22, 23, 24	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter “the Marketplace.” For States with State-based Marketplaces, enter the name of the State Marketplace.
	12, 25	Fixed	Date	Month, DD	Enter the date by which a plan selection must be made for coverage effective January 1.
	13	Variable	Text and table	Text and table	Include the text and table if any enrollee in the enrollment group received APTC in the current benefit year.
	14, 17	Fixed	Year	YYYY	Enter the current policy year
	15, 18	Variable	Dollar amount	Numeric	Enter the most recent monthly amount of APTC for the enrollment group for which data are available
	16, 20	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter “HealthCare.gov.” For States with State-based Marketplaces, enter the website of the State Marketplace.
	19	Fixed	Year	YYYY	Enter the following policy year
If you didn’t receive advance payments of the premium tax credit in [Year]	26	Variable	Paragraph	Paragraph	Include this paragraph if no enrollee in the enrollment group received APTC in the current benefit year. If not, omit.
	27	Fixed	Year	YYYY	Enter current benefit year
	28	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter “the Marketplace.” For States with State-based Marketplaces, enter the name of the State Marketplace.

¹⁷ Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

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Section					
	Field Number(s)	Fixed or Variable ¹⁸	Field Name	Valid Values	Special Instructions
What are my options for getting coverage?	29, 31	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov."
	30, 31, 32, 33, 34, 35	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
When do I need to make a decision?	36	Fixed	Year	YYYY	
	37	Fixed	Beginning date through End date	DD, Month, YYYY	Enter the beginning and end dates of the annual open enrollment period for the upcoming policy year. For example, for the 2015 policy year, enter "November 15, 2014 through February 15, 2015."
	38	Fixed	Beginning date to End date	Month DD, YYYY	Enter the beginning and end dates of the special enrollment period.
	39	Variable	Date	Month DD, YYYY	
Questions?	40	Fixed	Name of issuer	Text	
	41	Fixed	Issuer phone number	Numeric	
	42	Fixed	Issuer website	Text	
	43	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	44	Fixed	Marketplace phone number	Numeric	For States with Federally-facilitated Marketplaces, enter "1-800-318-2596 (TTY: 1-855-889-4325)." For States with State-based Marketplaces, enter the phone number of the State Marketplace.
	45	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.

¹⁸ Fixed denotes that bracketed fields will be the same for all of an issuer's notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

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Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Getting help in other languages	46	Fixed	Section	Text	Include the tagline translated in the non-English language(s) spoken by 10% or more of the population in the county. Taglines in additional languages are encouraged. Do not include the italicized instructions. If no language meets this threshold, this section may be omitted.
	47	Fixed	Language	Text	
	48	Fixed	Phone number	Numeric	Insert appropriate phone number for language interpretation services.